
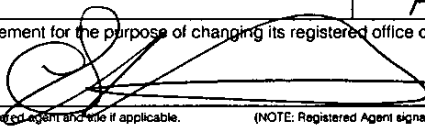


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 044 ***150.00

DOCUMENT # P97000085451 1. Entity Name NATIONAL ACCOUNTING SERVICE USA INC.					
Principal Place of Business 824 NW 7TH ST BOCA RATON, FL 33486			Mailing Address C/O CLIFF BOWDITCH 6 APPALOOSA DRIVE KANATA, ONTARIO, CA K2M-1-N6		
2. Principal Place of Business 3101 PORT ROYAL BLVD Suite, Apt. #, etc. 1012		3. Mailing Address Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State		4. FEI Number 65-0784649	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWDITCH, CLIFF 824 NW 7TH ST BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name C.F. BOWDITCH Street Address (P.O. Box Number is Not Acceptable) 3101 PORT ROYAL BLVD SUITE 1012 City FT. LAUDERDALE FL Zip Code 33308		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: MARCH 7/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDITCH, CLIFFORD F 6 APPALOOSA DRIVE KANATA, ONTARIO, CA k2m1n6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: MARCH 7/06 613-591-0229					